REPORT OF MEDICAL EXAMINATION

1. DATE OF EXAMINATION (YYYYMMDD)

2. SOCIAL SECURITY NUMBER

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual

being placed in a non-deployable status.																			
3. L	3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) 4. HOME ADDRESS (Street, App.											artment Number, Cit	ty, State and ZIP Code)	5. HOME TELEPHONE NUMBER					
														(Include Area Code)					
6. GRADE 7. DATE OF BIRTH 8. AGE 9. 9				9. S	SEX 10.a. RACIAL CATEGOR						Y (X one or more)		b. ETHNIC CATEGORY						
CIVILIAN		(YYYYMI			٣٠٦	Fema	-	Am	erican	Indian		Black or African	Native Hawaiian or	Hispanic/Latin Dealine					
						Male	- 1-	Ala Asi	ska Na an	tive	-	American White	Other Pacific Islander Decline to Respond	Not Hispanic/					
11. 7	OTAL Y	EARS GOVERN	12. AGEN	ICY //					1/y)		AATIILE	13. ORGANIZATION UN	1 Launo						
SERVICE								,,				· · · ·							
a. MILITARY b. CIVILIAN																			
14.a. RATING OR SPECIALTY (Aviators Only)					Т.	b. TOTAL FLYING TIME							c. LAST SIX MONTHS						
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15.a	. SERVIC	Coast	b. C	OMPONENT	\vdash	$\overline{}$			EXAMINATION				(Include ZIP Code)	10 130, THOM, AND HOUSELOO					
	Army [Guard		Active Duty	,		Enlisti		Medical B										
	Navy			Reserve	_			nission	<u> </u>	Retiremen									
	Marine (Corps					Reten	tion		U.S.	Serv	ce Academy							
	Air Forc	е	L	National Gu	ard		Separ	ation		ROT	C Scl	olarship Program	<u> </u>						
CLI	VICAL E	VALUATION	(Che	ck each item	in app	propri	iate c	olumn.											
									Nor- mal	Ab- norm	NE		44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional continue in item 74 and use addition						
17.1	Head, fac	e, neck, and so	calp									number before sheets if neces		e in nem 73 and use additional					
18.	Nose											Silects II Heles	ooury./						
19.	Sinuses												,						
20.	Mouth an	nd throat																	
21.	Ears - Ge	neral (Int. and	ext. ca	anals/Auditor	y acui	ity un	nder it	em 71)											
		Perforation)																	
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35. Feet (See Item 35 Continued)									 		 								
36. Spine, other musculoskeletal 37. Identifying body marks, scars, tattoos									\vdash		_								
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	Skin, lym								 	 									
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74.a. EXAMINEE/APPLICANT (check one) 75.1 have been advised of my disqu																			
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77. SI	MMARY	OF DEF	ECTS AN	ID DIAG	NOSES	(List diag	gnoses wit	h item nu	mbers,)(Use additional	sheets i	f necessa	ary.)						
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82.a.	TYPED O	R PRINT	TED NAM	E OF PI	HYSICIA	N OR EX	AMINER			b. SIGN	b. SIGNATURE								
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83.a.	TYPED O	R PRINT	red nam	E OF DI	ENTIST	OR PHYS	ICIAN (Inc	icate whi	cn)	b. SIGN	b. SIGNATURE								
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Ш	YES														Α.				
1	NO																		



LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
88. Additional Remarks (extension of blocks 77 or 78).	